

## **APPLICATION DATA SHEET**

### **Application Information**

|   |   |
|---|---|
| <b>Application Number::</b>             | Not yet assigned  |
| <b>Filing Date::</b>                    | September 12, 2003  |
| <b>Application Type::</b>               | Regular   |
| <b>Subject Matter::</b>                 | Utility   |
| <b>Suggested Classification::</b>       |   |
| <b>Suggested Group Art Unit::</b>       |   |
| <b>CD-ROM or CD-R?::</b>                |   |
| <b>Number of CD Disks::</b>             |   |
| <b>Number of Copies of CDs::</b>        |   |
| <b>Sequence Submission?::</b>           |   |
| <b>Computer Readable Form (CFR)?::</b>  |   |
| <b>Number of Copies of CFR::</b>        |   |
| <b>Title::</b>                          | APPARATUS AT A DRAW FRAME HAVING A<br>DRAWING MECHANISM FOR THE DOUBLING<br>AND DRAFTING OF FIBRE SLIVERS |
| <b>Attorney Docket Number::</b>         | 32368-192508  |
| <b>Request for Early Publication?::</b> |   |
| <b>Request for Non-Publication?::</b>   |   |
| <b>Suggested Drawing Figure::</b>       |   |
| <b>Total Drawing Sheets::</b>           | 7   |
| <b>Small Entity?::</b>                  | No  |
| <b>Latin Name::</b>                     |   |
| <b>Variety Denomination Name::</b>      |   |
| <b>Petition Included?::</b>             |   |
| <b>Petition Type::</b>                  |   |
| <b>Licensed US Govt. Agency::</b>       |   |
| <b>Contract or Grant Numbers::</b>      |   |
| <b>Secrecy Order in Parent Appl.::</b>  |   |

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** Germany  
**Country::** Germany  
**Status::** Full Capacity  
**Given Name::** Christoph  
**Middle Name::**  
**Family Name::** LEINDERS  
**Name Suffix::**  
**City of Residence::** Korschenbroich  
**State or Province of Residence::**  
**Country of Residence::** Germany  
**Street of Mailing Address::** An Heldsmühle 65  
**City of Mailing Address::** Korschenbroich  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** Germany  
**Postal or Zip Code of Mailing Address::** D-41352

**Applicant Authority Type::** Inventor  
**Primary Citizenship::**  
**Country::**  
**Status::** Full Capacity  
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**Middle Name::**  
**Family Name::**  
**Name Suffix::**  
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**Country of Residence::**

**Street of Mailing Address::**

**City of Mailing Address::**

**State or Province of Mailing  
Address::**

**Country of Mailing Address::**

**Postal or Zip Code of Mailing  
Address::**

### **Correspondence Information**

**Correspondence Customer  
Number::** 26694

**Phone Number::** 202 962-4800

**Fax Number::** 202 962-8300

**E-Mail Address::** rkinberg@venable.com

### **Representative Information**

**Representative Customer  
Number::** 26694

### **Domestic Priority Information**

| <b>Application::</b> | <b>Continuity Type::</b> | <b>Parent<br/>Application::</b> | <b>Parent Filing Date::</b> |
|----------------------|--------------------------|---------------------------------|-----------------------------|
|                      | Continuation of          |                                 |                             |
|                      | Continuation of          |                                 |                             |
|                      | Continuation of          |                                 |                             |
|                      | Continuation of          |                                 |                             |

## Foreign Priority Information

| Country:: | Application Number:: | Filing Date::      | Priority Claimed:: |
|-----------|----------------------|--------------------|--------------------|
| Germany   | 102 42 391.1         | September 13, 2002 | Yes                |
| Germany   | 103 29 837.1         | July 2, 2003       | Yes                |
|           |                      |                    |                    |

## Assignee Information

**Assignee Name::** Trützschler GmbH & Co. KG  
**Street of Mailing Address::** Duvenstrasse 82-92  
**City of Mailing Address::** Mönchengladbach  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** Germany  
**Postal or Zip Code of Mailing Address::** D-41199